

DRAFT II
Marks/bel
5/10/74

PATIENTS INJECTED WITH PLUTONIUM

The attached table provides a summary of current information regarding disclosure to individual patients based on the recently completed inquiry.

The following recommendations with respect to future actions were formulated at a meeting of representatives of BER, OGC and INS:

1. Attending physicians of living patients shall be advised of the ethical need to provide disclosure to such patients. The approach to the patients would be expected to take into account available information regarding the possibility or, in one case, certainty of disclosure in 1945-1947. The Director, BER, will determine the procedure for contacting the attending physicians who are to inform the patients or their families.
2. The patients shall be offered a program of regular medical surveillance at government expense.
3. Studies shall be continued on the living patients with scrupulous regard for compliance with DHEW guidelines as recommended now by the Argonne Laboratory Review Committee for Research Projects Involving Human Subjects. Proper informed consent is a necessary element of such compliance.
4. Disclosure shall be provided to the next of kin of the exhumed patient.
5. A scientific committee chosen by the Director, BER, shall review the program of exhumation of the deceased and shall advise AEC as to whether the scientific merit of the exhumation program warrants its resumption at an appropriate later date.
6. Next of kin approached already for permission for exhumation shall be contacted again to correct any misleading information that they may have

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received during previous discussion. Such interviews shall be deferred until decision of committee in 5. is available. If AEC decides to continue exhumation program, reaffirmation of consent may be required.

7. All reasonable efforts shall be made to contact next of kin of all deceased unless the Director, BER, determines on the basis of the next of kin's health that disclosure should not be made.
8. Unless indicated by problems that might arise in the implementation of the above program or by future events, outside review will not be requested.
9. With a public response statement already available, decision regarding public release will be deferred. Such release may be considered desirable in relation to July meeting of International Congress for Radiation Research.
10. Projected program as approved by Commission shall be discussed with DOD.

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INQUIRY FINDINGS CONCERNING DISCLOSURE TO PATIENTS

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<u>Patient</u>		<u>Date of Injection</u>	<u>Status</u>	<u>Disclosure</u>
Rochester	HP-1	10-16-45	Dead	Unknown ^a
"	HP-2	10-23-45	Dead	"
"	HP-3	11-27-45	Alive, studied	"
"	HP-4	11-27-45	Exhumed	"
"	HP-5	11-30-45	Dead	"
"	HP-6	2-1-46	Alive, studied	"
"	HP-7	2-8-46	Dead	"
"	HP-8	3-9-46	Alive, not studied	"
"	HP-9	4-3-46	Dead	"
"	HP-10	7-16-46	Lost to follow-up	"
"	HP-11	2-20-46	Dead	"
Oak Ridge	HP-12	4-10-45	Lost to follow-up	No disclosure
Chicago	CHI-1	4-26-45	Dead	Probable disclosure with witnesses ^b
"	CHI-2	12-27-45	Dead	"
"	CHI-3	12-27-45	Dead	"
San Francisco	CAL-1	5-14-45	Dead	Presumptive limited disclosure ^c
"	CAL-2	4-26-46	Dead	"
"	CAL-3	7-18-47	Alive, studied	Disclosure with signatures of witnesses
"	CAL-A	6-10-47	Dead	Unknown ^d

(Americium)

a - Status of disclosure to patients unknown because of death of physician in charge of project. Presumption that disclosure occurred may be based on report of disclosure in a similar study at Rochester.

b - Chemist present during injections said that he and nurse were witnesses to disclosure to patients and to their agreement to receive injections that might benefit others more than themselves. Physician said that he did not remember events.

c - Deceased physician responsible for study of these patients told Dr. Shields Warren in 1947 that patients were informed of injection of new substance that might control growth processes. Physician whose name appears in hospital records in relation to special radioactivity studies said that he did not remember events.

d - All physicians involved in care and study of patient are dead. No evidence of disclosure to patient (minor) or his guardian.